

**USDA Commodity Recall**  
**Hallmark/Westland Fine Ground Beef (A608) and Coarse Ground Beef (A594)**  
**Destruction Verification and Reimbursement Form**

**Full Name of Agency** \_\_\_\_\_

Vendor number \_\_\_\_\_

Commodity	# of Cases Destroyed	Contract #	Destruction Method

(Please attach a separate page or spread sheet for information that exceed the capacity of this form)

Witnesses	Print Name	Signature	Date Destruction Observed:
Witness 1			
Witness 2			

Brief Description of Costs to be Reimbursed:	Total Cost

**Payee Information:**

(Please Print or Type)

Name and Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

To document costs associated with this recall send this form and attach all original bills/receipts for costs incurred to the Food Distribution Program by **February 26, 2008** to:

Food Distribution Program  
Nutrition Services Division  
California Department of Education  
1430 N Street, Suite 1500  
Sacramento, CA 95814